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**Name of Lab:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ *Transmittal Letter*

**Contractor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **No.** \_\_\_\_\_

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**ADOT TRACS NUMBER:** \_\_\_\_\_  
**LAB PROJECT NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**TO (Company):** \_\_\_\_\_ **REF:** \_\_\_\_\_  
**(Address):** \_\_\_\_\_  
**(Address 2):** \_\_\_\_\_  
**(City, State, Zip):** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**ATTN:** \_\_\_\_\_

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I, \_\_\_\_\_, certify that the quality control procedures comply with  
(Quality Control Manager of Contractor)

the contract documents for this project. Attached is the weekly Quality Control Report for the  
week ending \_\_\_\_\_ per 106.04(C)(6).  
(Friday date)

Type of work tested this week:

- ☐ Earthwork  
☐ Portland Cement Concrete  
☐ Asphaltic Concrete  
☐ Other \_\_\_\_\_  
☐ No QC needed this week per contract

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Prime Contractor  
Quality Control Manager Signature